

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

LEGISLATIVE RESOURCE CENTER

18 SEP 20 AM 10: 55

SEP 06 2018 Page 1 of —

| | | |
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| Name: <u>Justin James Aguirre</u> | | Daytime Telephone: _____ |
| FILER STATUS | New Member of or Candidate for U.S. House of Representatives | State: <u>California</u> District: <u>19</u> |
| | Candidates – Date of Election: _____ | <input type="checkbox"/> Check if Amendment |
| | New Officer or Employee Employing Office: _____ | Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant Period Covered: January 1, _____ to _____ |
| <p style="text-align: right;"><i>(Office Use Only)</i></p> <p><i>U.S. HOUSE OF REPRESENTATIVES</i></p> <p><i>Office of the Clerk</i></p> <p><i>Justin J. Aguirre</i></p> <p>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</p> | | |

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A.** Did you, your spouse, or your dependent child:
- a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? **OR**
 - b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
- C.** Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
- D.** Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

| | |
|------------------------------|--|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|--|

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|---|
| E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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|---|
| F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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|--|
| G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|--|

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Justin James Aguirre

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Justin James Asquith

Page _____ of _____

| SP. DC. JT. | | ASSET NAME Home | E/F | BLOCK A Assets and/or Income Sources | BLOCK B Value of Asset | BLOCK C Type of Income | BLOCK D Amount of Income | | | | | | | | | | | |
|-------------------|--|-------------------------------|-----|---|---|-------------------------------|---------------------------------|-----|----|-----|----|-----|------|-----|------|----|-----|----|
| | | | | | | | | I | II | III | IV | V | VI | VII | VIII | IX | X | XI |
| | | | | | None | A | B | C | D | E | F | G | H | I | J | K | L | M |
| | | | | | \$1-\$5,000 | | | | | | | | | | | | | |
| | | | | | \$5,001-\$15,000 | | | | | | | | | | | | | |
| | | | | | \$15,001-\$50,000 | | | | | | | | | | | | | |
| | | | | | \$50,001-\$100,000 | | | | | | | | | | | | | |
| | | | | | \$100,001-\$250,000 | | | | | | | | | | | | | |
| | | | | | \$250,001-\$500,000 | | | | | | | | | | | | | |
| | | | | | \$500,001-\$1,000,000 | | | | | | | | | | | | | |
| | | | | | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | |
| | | | | | \$5,000,001-\$25,000,000 | | | | | | | | | | | | | |
| | | | | | \$25,000,001-\$50,000,000 | | | | | | | | | | | | | |
| | | | | | Over \$50,000,000 | | | | | | | | | | | | | |
| | | | | | Spouse/DC Asset over \$1,000,000* | | | | | | | | | | | | | |
| | | | | | NONE | | | | | | | | | | | | | |
| | | | | | DIVIDENDS | | | | | | | | | | | | | |
| | | | | | RENT | | | | | | | | | | | | | |
| | | | | | INTEREST | | | | | | | | | | | | | |
| | | | | | CAPITAL GAINS | | | | | | | | | | | | | |
| | | | | | EXCEPTED/BLIND TRUST | | | | | | | | | | | | | |
| | | | | | TAX-DEFERRED | | | | | | | | | | | | | |
| | | | | | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | | | | | | | | | | | | | |
| | | | | | None | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | |
| | | | | | \$1-\$200 | | | | | | | | | | | | | |
| | | | | | \$201-\$1,000 | | | | | | | | | | | | | |
| | | | | | \$1,001-\$2,500 | | | | | | | | | | | | | |
| | | | | | \$2,501-\$5,000 | | | | | | | | | | | | | |
| | | | | | \$5,001-\$15,000 | | | | | | | | | | | | | |
| | | | | | \$15,001-\$50,000 | | | | | | | | | | | | | |
| | | | | | \$50,001-\$100,000 | | | | | | | | | | | | | |
| | | | | | \$100,001-\$1,000,000 | | | | | | | | | | | | | |
| | | | | | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | |
| | | | | | Over \$5,000,000 | | | | | | | | | | | | | |
| | | | | | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | |
| | | | | | None | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | |
| | | | | | \$1-\$200 | | | | | | | | | | | | | |
| | | | | | \$201-\$1,000 | | | | | | | | | | | | | |
| | | | | | \$1,001-\$2,500 | | | | | | | | | | | | | |
| | | | | | \$2,501-\$5,000 | | | | | | | | | | | | | |
| | | | | | \$5,001-\$15,000 | | | | | | | | | | | | | |
| | | | | | \$15,001-\$50,000 | | | | | | | | | | | | | |
| | | | | | \$50,001-\$100,000 | | | | | | | | | | | | | |
| | | | | | \$100,001-\$1,000,000 | | | | | | | | | | | | | |
| | | | | | \$1,000,001-\$5,000,000 | | | | | | | | | | | | | |
| | | | | | Over \$5,000,000 | | | | | | | | | | | | | |
| | | | | | Spouse/DC Income over \$1,000,000* | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Examples.

Exercises.

SCHEDULE C – EARNED INCOME

Name: Justin James Aguirre

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Amount | |
|---|----------------------|-------------------------------|-----------------------|
| | | Current Year to Filing | Preceding Year |
| Examples: | | | |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| State of Maryland | Salary | \$20,000 | \$76,000 |
| Civil War Roundtable (Oct. 2) | Spouse Speech | \$0 | \$1,000 |
| Ontario County Board of Education | Spouse Salary | N/A | N/A |
| BBBB Bonding Corp. | Salary | 50,000 - | 68,000 - |
| BBBB Bonding Corp. | Spouse Salary | N/A | 55,304 |

SCHEDULE D – LIABILITIES

Name: Justin Times Amesbury

Page 1 of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

| SP, DC, JT Creditor | Date Liability Incurred MO/YR | Type of Liability | Amount of Liability | | | | | | | | | |
|-------------------------------|--|-------------------|--|---|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|--|
| | | | A | B | C | D | E | F | G | H | I | J |
| Example | First Bank of Wilmington, DE | 5/98 | Mortgage on Rental Property, Dover, DE | | \$10,001-\$15,000 | | | | | | | |
| | Central | 1/94 | Mortgage | X | \$15,001-\$50,000 | | | | | | | |
| | | | | | \$50,001-\$100,000 | | | | | | | |
| | | | | | | \$100,001-\$250,000 | | | | | | |
| | | | | | | | \$250,001-\$500,000 | | | | | |
| | | | | | | | | \$500,001-\$1,000,000 | | | | |
| | | | | | | | | | \$1,000,001-\$5,000,000 | | | |
| | | | | | | | | | | \$5,000,001-\$25,000,000 | | |
| | | | | | | | | | | | \$25,000,001-\$50,000,000 | |
| | | | | | | | | | | | | Over \$50,000,000 |
| | | | | | | | | | | | | Over \$1,000,000* (Spouse/DC Liability) |

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|------------------------------|------------------------------|
| BBSB Bonding Corp (Director) | BBSB Bonding Corp |
| Marketing Director | Global Supply Purchases Inc. |
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SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: Justin James Aguirre Page 1 of 1

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

| Date | Parties to Agreement | Terms of Agreement |
|------|----------------------|--------------------|
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Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

| Source (Name and City/State) | Brief Description of Duties |
|--|-----------------------------|
| <p>Example:</p> <p>N/A</p> <p>Doe Jones & Smith, Hometown, Homestate</p> | <p>Accounting Services</p> |

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Justin James Asuncion

Page _____ of _____

Use additional sheets if more space is required.

CAMPAIGN NOTICE

REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

SEP 06 2018

U.S.
HOUSE OF
REPRESENTATIVES
OFFICE OF THE
CLERK
LEGISLATIVE RESOURCE CENTER
1 SEP 20 AM 10:57

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

Indicate Your Status:
(Select One)

Dear Madam Clerk:

I have exceeded
\$5,000 Threshold
 Over \$5,000
Threshold Not
Exceeded

This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

Withdrawal
of Candidacy

This is to notify you that under the laws of the state of _____, I withdrew my candidacy for the U.S. House of Representatives on _____.

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): Justin Aguilera

State: California District: 19

Date: 8/25/18

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601